

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155761</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/13/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROWNSBURG MEADOWS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2 E TILDEN</b> <b>BROWNSBURG, IN 46112</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00148783 and IN00151143.</p> <p>Complaint IN00148783 - Unsubstantiated due to lack of evidence. Complaint IN00151143 - Unsubstantiated due to lack of evidence.</p> <p>Survey Dates: August 6, 7, 8, and 11,12,13 2014.</p> <p>Facility Number: 011367 Provider Number: 155761 AIM Number: 200851590</p> <p>Survey Team: Kewanna Gordon, RN -TC Lora Brettnacher, RN Megan Burgess, RN</p> <p>Census Bed Type: SNF: 13 SNF/NF: 109 Total: 122</p> <p>Census Payor Type: Medicare: 26 Medicaid: 62 Private: 32 Other: 2 Total: 122</p> <p>Brownsburg Meadows was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Recertification and State Licensure Survey and to the Investigation of</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Complaints IN00148783 and IN00151143.  Quality Review 08/18/14 by Lisa McColly	F 000			